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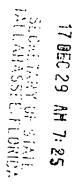
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COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	JCAMPA, L			
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jorge O. Campa		
			Name of Person	
		JCAMPA, LLC		
			Firm/Company	
		1226 S.W. 147 Terr.		
			Address	
		Pembroke Pines, Florida 3	3027	
			City/State and Zip Code	
		chicfjor@aol.com		
		E-mail address; (to be used for future annual report no	tification)
For further in	formation co	ncerning this matter, please co	all:	
Jorge O. Can	npa		954 648-7608 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCAMPA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 8, 2017 and assigned Florida document number <u>L17</u>000231862 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Francisco Campa	8013 W. 16 Ave.	■ Add
		Hialeah, Florida 33014	Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			
			Remove
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te: If the date inserted in nument's effective date or				ry filing requir	ements, this da	ite will n	ot be li	sted
record specifies a de The 90th day after th	e record is fil	ed.					ie ear	lier
December 26		2017						

Typed or printed name of signee